

# 1999 BRFSS Asthma Questions

## Module 6: Asthma

1. Did a doctor ever tell you that you had asthma? (252)

- |   |  |
|---|--|
| 1 | Yes  |
| 2 | No <i>Go to Next Module</i>                  |
| 7 | Don't know/Not sure <i>Go to Next Module</i> |
| 9 | Refused <i>Go to Next Module</i>             |

2. Do you still have asthma? (253)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

**The Asthma Module questions were used by the following states in 1999:**

**Arizona, Arkansas, Washington, DC, Idaho,  
Iowa, Louisiana, Maine, Mississippi, Missouri,  
Nebraska, New Hampshire, Pennsylvania,  
South Carolina, Utah, Vermont, Washington,  
Wisconsin, and Wyoming**

# 2000 BRFSS Asthma Questions

## Core Section 3: Asthma

3.1 Did a doctor ever tell you that you had asthma? (83)

- 1 Yes
- 2 No **Go to Q4.1 (p. 10)**
- 7 Don't know/Not sure **Go to Q4.1 (p. 10)**
- 9 Refused **Go to Q4.1 (p. 10)**

3.2 Do you still have asthma? (84)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**These questions were used by all the states, Washington, DC, and Puerto Rico in 2000.**

# 2001 BRFSS Asthma Questions

## Core Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don't know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**The above two questions were used all the states, Washington, DC, and Puerto Rico in 2001.**

## Module 7: Asthma History

**If "yes" to core Q6.1, continue. Otherwise, go to Q10.**

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

|     |   |
|-----|---|
| — — | Age in years 11 or older [ <b>96 = 96 and older</b> ] |
| 9 7 | Age 10 or younger                                     |
| 9 8 | Don't know/Not sure                                   |
| 9 9 | Refused   |

**If "yes" to core Q6.2, continue. Otherwise, go to Q10 .**

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

|   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

|     |   |
|-----|---|
| — — | Number of visits [ <b>87 = 87 or more</b> ] |
| 8 8 | None  |
| 9 8 | Don't know/Not sure                         |
| 9 9 | Refused                                     |

4. **[If one or more visits to Q3, fill in (Besides those emergency room visits,)]**  
During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms?

|     |   |
|-----|---|
| — — | Number of visits [ <b>87 = 87 or more</b> ] |
| 8 8 | None  |
| 9 8 | Don't know/Not sure                         |
| 9 9 | Refused                                     |

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

|     |     |   |
|-----|-----|---|
| ___ | ___ | Number of visits [ <b>87 = 87 or more</b> ] |
| 8   | 8   | None  |
| 9   | 8   | Don't know/Not sure                         |
| 9   | 9   | Refused                                     |

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

|     |     |     |                     |
|-----|-----|-----|---------------------|
| ___ | ___ | ___ | Number of days      |
| 8   | 8   | 8   | None                |
| 7   | 7   | 7   | Don't know/Not sure |
| 9   | 9   | 9   | Refused             |

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma?

|                |   |
|----------------|---|
| Would you say: | <b>Please Read</b>                          |
| 8              | Not at any time <b>Go to Q9</b>             |
| 1              | Less than once a week                       |
| 2              | Once or twice a week                        |
| 3              | More than 2 times a week, but not every day |
| 4              | Every day, but not all the time             |
|                | or  |
| 5              | Every day, all the time                     |

|  |   |                     |
|--|---|---------------------|
| <b>Do not read<br/>these responses</b> | 7 | Don't know/Not sure |
|  | 9 | Refused             |

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

Would you say: **Please Read**

- |   |               |
|---|---------------|
| 8 | None          |
| 1 | One or two    |
| 2 | Three to five |
| 3 | Six to ten    |
|   | or            |
| 4 | More than ten |

|                        |   |                     |
|------------------------|---|---------------------|
| <b>Do not read</b>     | 7 | Don't know/Not sure |
| <b>these responses</b> | 9 | Refused             |

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

Would you say: **Please Read**

- |   |   |
|---|---|
| 8 | Didn't take any                             |
| 1 | Less than once a week                       |
| 2 | Once or twice a week                        |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day                              |
|   | or  |
| 5 | 2 or more times every day                   |

|                        |   |                     |
|------------------------|---|---------------------|
| <b>Do not read</b>     | 7 | Don't know/Not sure |
| <b>these responses</b> | 9 | Refused             |

**If "no children" to core Q13.6, go to next module**

10. Earlier you said there were **[fill in number from core Q13.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

|   |   |                                     |
|---|---|-------------------------------------|
| — | — | Number of children                  |
| 8 | 8 | None <b>Go to Next Module</b>       |
| 7 | 7 | Don't know <b>Go to Next Module</b> |
| 9 | 9 | Refused <b>Go to Next Module</b>    |

11. **[Fill in (Does this child/How many of these children) from Q10]** still have asthma?

|   |   |                    |
|---|---|--------------------|
| — | — | Number of children |
| 8 | 8 | None               |
| 7 | 7 | Don't know         |
| 9 | 9 | Refused            |

**The entire 11-question module was used by the following eight states in 2001:**

**Indiana, Iowa, Michigan, Mississippi, Missouri, Pennsylvania, South Dakota, and Washington.**

**In addition, the following six states used only the last two child prevalence questions:**

**Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.**

# 2002 BRFSS Asthma Questions

## Core Section 5: Asthma

5.1. Have you ever been told by a doctor, nurse or other health professional that **you** had asthma? (98)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

5.2 Do you still have asthma? (99)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**The above two questions were used all the states, Washington, DC, and Puerto Rico in 2001.**



## Module 8: Asthma History

**If "yes" to core Q5.1, continue.**

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

|                         |   |
|-------------------------|---|
| <u>    </u> <u>    </u> | Age in years 11 or older [ <b>96 = 96 and older</b> ] |
| 9 7                     | Age 10 or younger                                     |
| 9 8                     | Don't know/Not sure                                   |
| 9 9                     | Refused   |

**If "yes" to core Q5.2, continue.**

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

|   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

|                         |   |
|-------------------------|---|
| <u>    </u> <u>    </u> | Number of visits [ <b>87 = 87 or more</b> ] |
| 8 8                     | None  |
| 9 8                     | Don't know/Not sure                         |
| 9 9                     | Refused                                     |

4. **[If one or more visits to Q3, fill in (Besides those emergency room visits,)]**  
During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms?

|                         |   |
|-------------------------|---|
| <u>    </u> <u>    </u> | Number of visits [ <b>87 = 87 or more</b> ] |
| 8 8                     | None  |
| 9 8                     | Don't know/Not sure                         |
| 9 9                     | Refused                                     |

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

|     |     |   |
|-----|-----|---|
| ___ | ___ | Number of visits [ <b>87 = 87 or more</b> ] |
| 8   | 8   | None  |
| 9   | 8   | Don't know/Not sure                         |
| 9   | 9   | Refused                                     |

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

|     |     |     |                     |
|-----|-----|-----|---------------------|
| ___ | ___ | ___ | Number of days      |
| 8   | 8   | 8   | None                |
| 7   | 7   | 7   | Don't know/Not sure |
| 9   | 9   | 9   | Refused             |

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma?

Would you say: **Please Read**

|   |   |
|---|---|
| 8 | Not at any time <b>Go to Q9</b>             |
| 1 | Less than once a week                       |
| 2 | Once or twice a week                        |
| 3 | More than 2 times a week, but not every day |
| 4 | Every day, but not all the time             |
|   | or  |
| 5 | Every day, all the time                     |

|  |   |                     |
|--|---|---------------------|
| <b>Do not read<br/>these responses</b> | 7 | Don't know/Not sure |
|  | 9 | Refused             |

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

Would you say: **Please Read**

- |   |               |   |
|---|---------------|---|
| 8 | None          |   |
| 1 | One or two    |   |
| 2 | Three to four |   |
| 3 | Five          | (Note the change in categories for the responses to this question.) |
| 4 | Six to ten    |   |
|   | or            |   |
| 5 | More than ten |   |

**Do not read these responses**

|   |                     |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused             |

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

Would you say: **Please Read**

- |   |   |
|---|---|
| 8 | Didn't take any                             |
| 1 | Less than once a week                       |
| 2 | Once or twice a week                        |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day                              |
|   | or  |
| 5 | 2 or more times every day                   |

**Do not read these responses**

|   |                     |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused             |

**The Adult Asthma History questions were used by the following states in 2002:**

**California, Delaware, Idaho, Iowa,  
Massachusetts, Nebraska, New Hampshire,  
New Mexico, North Carolina, Ohio, Oklahoma,  
Rhode Island, Texas, Utah, Virgin Islands, and  
Wisconsin**

## Module 9: Childhood Asthma

**If "no children" to core Q12.6, go to next module.**

1. Earlier you said there were **[fill in number from core Q12.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

|   |   |                                     |
|---|---|-------------------------------------|
| — | — | Number of children                  |
| 8 | 8 | None <b>Go to Next Module</b>       |
| 7 | 7 | Don't know <b>Go to Next Module</b> |
| 9 | 9 | Refused <b>Go to Next Module</b>    |

2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma?

|   |   |                    |
|---|---|--------------------|
| — | — | Number of children |
| 8 | 8 | None               |
| 7 | 7 | Don't know         |
| 9 | 9 | Refused            |

If only one child from Q1 and response is "yes" to Q2 code "01". If response is "no" code '88'.

**The Child Asthma Prevalence questions were used by the following states in 2002:**

**Alabama, Alaska, California, Delaware,  
Indiana, Iowa, Massachusetts, Mississippi,  
Nebraska, New Hampshire, North Carolina,  
North Dakota, Ohio, Oklahoma, Oregon,  
Rhode Island, South Carolina, South Dakota,  
Vermont, Virgin Islands, Wisconsin, Wyoming**

## **BRFSS State-Added Asthma Questions**

**1998:** California  
Connecticut  
Idaho  
Kansas  
Louisiana  
Massachusetts  
Missouri  
Texas  
Washington

**1999:** California  
Connecticut  
Massachusetts  
Missouri  
New York  
Ohio  
South Carolina

**2000:** California  
Idaho  
Massachusetts  
Missouri  
North Carolina  
Ohio  
Puerto Rico  
Texas  
Washington  
West Virginia

**2001:** Connecticut  
Idaho  
Maryland  
Massachusetts  
Michigan (work related asthma questions)  
Montana  
Rhode Island

**2002:** Maryland  
Vermont  
Virginia